

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2955
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008 Registrar's No. 761

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1008		Registrar's No. 761	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5553 Minerva Ave.				d. STREET ADDRESS (If rural, give location) 5553 Minerva Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Elizabeth		b. (Middle) Louise		c. (Last) Roehr	
4. DATE OF DEATH		(Month) Jan		(Day) 22		(Year) 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 14, 1869	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Centerville, Ill.		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Gottlieb Schaeffer		13b. MOTHER'S MAIDEN NAME Margaret Zuroweste		14. NAME OF HUSBAND OR WIFE Frederick Roehr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Miss Lillian Roehr, 5553 Minerva Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis and DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 day 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 592X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 3rd, 1950, to Jan. 22nd, 1950, that I last saw the deceased alive on Jan. 20, 1950, and that death occurred at 8:00A. m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Walter M.D.				23b. ADDRESS 3608 S. Grand Blvd.		23c. DATE SIGNED 1/23/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 25, 1950		24c. NAME OF CEMETERY OR CREMATORY Old St. John's Cemetery		24d. LOCATION (City, town, or county) (State) Mehlville, Ill.	
DATE REC'D BY LOCAL REG. JAN 24 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE C. Holmeister Colonial Mortuary 6464 Chippewa St.			

Dr. Wm. H. Walters,
3608 So. Grand Blvd.,
LA 7891
GR 6080

3078

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.